

**EXHIBIT "A"**

April 10, 2013

Bonita Johnson

20253 St Mary's

Detroit, MI 48235

Capital One

PO Box 6492

Carol Stream, IL 60197-6492

RE: Account Numbers [REDACTED]-4466 and [REDACTED] 6973

Dear Debt Collector/creditors:

I am writing in response to your constant phone calls!

According to the Fair Debt Collection Practices Act, [15 USC 1692c] Section 805(c): **CEASING COMMUNICATION:** You ~~must cease all communication with me~~ after being notified in writing that I no longer wish to communicate with you. **Therefore, I demand that you stop calling me, at work, on my cell phone or at any other location!**

Be advised that I am well aware of my rights! For example, I know that any future contact by you or your company violates the FDCPA and that since you already have my location information, calls made by you or your company to any 3rd party concerning me violates section 805(b)2 of the FDCPA.

Be advised that I am keeping accurate records of all correspondence from you and your company, including tape recording all phone calls. If you continue calling me I will pursue all available legal actions to stop you from harassing me.

I have had ridiculously huge medical bills in the last six months because of hospitalization and surgeries. I have -600.00 in my bank account. You are not the only company I cannot pay right now. I cannot pay any of my bill right now. I am fully aware that I owe you money. I am working with a debt solutions company that is going to help me. Please be patient.

Sincerely,



Bonita Johnson

**SENDER'S LABEL (PS Form 3811, February 2004)**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CAPITAL ONE  
P.O. BOX 6492  
CAROL STREAM, IL  
60197-6492

A. Sign ☒ Agent ☐ Addressee

B. Recipient (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

5. Article Number (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

7012 0470 0000 8974 1466

USPS

60197-6492

IL 60197-6492

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